Virginia Department of Health (VDH) Division of Disease Prevention (DDP) Monthly Ebulletin



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May 2018 Edition

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PrEP Approved for Use in Adolescents

The Food and Drug Administration has approved the use of Truvada (*tenofovir disoproxil fumarate/emtricitabine*) as pre-exposure prophylaxis (PrEP) in adolescents at risk for HIV. HIV PrEP was first approved in 2012 for individuals age 18 and older. Now adolescents at risk for HIV who weigh at least 77 pounds are eligible to receive PrEP.

Approval was based on results of the <u>ATN113 study</u>. Study results showed that adolescents had high levels of adherence during the study phase that required monthly visits. When patients were switched to quarterly check-in visits, daily adherence to taking PrEP dropped off dramatically. Based on these results, prescribers should strongly consider more frequent visits for their adolescent patients on PrEP. While side effects in adolescents were similar to those in adults, clinicians should monitor bone density loss among this population.

In Virginia, parental consent is required for adolescents seeking PrEP at participating local health departments. A list of PrEP-prescribing sites may be found here.. Clinical questions about PrEP may be directed to **Linda Whiteley**, Nurse Practitioner Consultant, at linda.whiteley@vdh.viriginia.gov or (804) 864-7328. Programmatic questions may be directed to **Eric Mayes**, PrEP Program Coordinator, at eric.mayes@vdh.virginia.gov or (804) 864-7335.

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Expedited Partner Therapy

Virginia recently became the <u>42nd</u> state to authorize expedited partner therapy (EPT) with the passage of <u>HB1054</u> (*Code of Virginia* revised text). EPT is the clinical practice of treating sex partners of patients diagnosed with chlamydia and/or gonorrhea by providing medications or prescriptions to the patient



to take to their partner without the practitioner first examining the partner. HB1054 authorizes a practitioner employed by VDH to provide EPT consistent with Centers for Disease Control and Prevention (CDC) recommendations starting July 1, 2018. The bill requires a workgroup to evaluate services provided by VDH, develop recommendations for the use of EPT statewide, and report findings and recommendations by July 1, 2019.

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Certified Community Health Worker (CCHW) Credential Now Available

A new credential for community health workers (CHWs) is now available through the Virginia Credentialing Board (VCB). The credential was created through a collaborative effort among the Virginia Department of Health, Virginia Community Health Worker Advisory Group, and Virginia Community Health Worker Association. Requirements may be found in the application (pages 3-4) by clicking on CCHW Application.

Individuals who have already completed CHW training may be "grandfathered" in for certification until October 1, 2019. For questions about the CCHW process, email VCB at info@vacertboard.org.

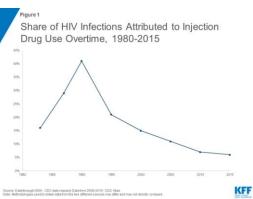
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HIV and the Opioid Epidemic: 5 Key Points

The Kaiser Family Foundation recently issued a graphic series that highlights key things to know about the intersection of the nation's HIV and opioid epidemics. The <u>full report is available here</u>, but the key points are:

- The decline in HIV infections associated with injection drug use has been a major success in the fight against HIV in the United States.
- The year 2015 marked the first time in two decades when the number of HIV diagnoses attributed to IDU increased.
- 3. The demographics of people with HIV attributed to injection drug use are increasingly similar to those most at risk for opioid use and addiction.
- 4. While there are several proven strategies available to reduce risk of infectious disease associated with injection drug use, including the provision of syringe exchange programs, access varies significantly across the country and does not always align with opioid epidemic epicenters.
- While all Medicaid programs and some private plans cover medicationassisted treatments to address substance use problems, the AIDS Drug

Assistance Program of the federal Ryan White HIV/AIDS Program offers an



additional source of support for people with HIV with limited or no insurance coverage.

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Syringe Service Programs (SSPs) in the Appalachian Region

The Morbidity and Mortality Weekly Report (MMWR) included an article entitled "Access to Syringe Services Programs—Kentucky, North Carolina, and West Virginia, 2013-2017." The article discusses how the Appalachian region of the United States has seen an increase in the number of hepatitis C cases related to injection drug use. It states that SSPs providing sufficient access to safe injecting equipment may reduce hepatitis C virus (HCV) transmission by 56%, and SSPs combined with treatment access may reduce HCV transmission by 74%. However, access to SSPs is limited in the United States, especially in rural areas and the Appalachian region where HCV cases are increasing. To read the full article, click here.

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Who Qualifies for the VDH Condom Distribution Program?

The 2017 Condom Distribution Program Survey showed there is confusion about which agencies may participate in the program. While health departments, HIV care sites, and community-based partners funded by VDH are the core of the program, many other groups and organizations may also receive free condoms. Participating agencies may be non-profit or for-profit, as long as they don't charge for the condoms.

DDP also partners with community health centers, community services boards, homeless shelters, federally qualified health centers, LGBT health centers, hospitals, specialty clinics, probation and parole, universities and colleges, bars, clubs, and local businesses.

If you are not already signed up for the free VDH Condom Distribution Program, have not placed a condom order recently, or wish to request program business cards, please contact **Beth Marschak** at elizabeth.marschak@vdh.virginia.gov or (804) 864-8008. Eligible organizations may order up to 100 cases a year (100,000 condoms).

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Hepatitis Awareness Month

Millions of Americans have hepatitis and many do not know they are infected. Hepatitis is a virus that damages the liver and can lead to cirrhosis and cancer if left untreated. Hepatitis C, one of five types of hepatitis, is a blood-borne virus that can



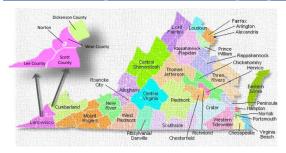
be easily spread by contact with infected blood. Nationally from 2010-2016, cases of acute hepatitis C infection increased 3.5-fold. Most people are asymptomatic, so they may infect someone without knowing it. Common methods of transmission include sharing needles used for injecting drugs, and tattooing. There are safe and effective treatment options for hepatitis C, and over 90% of infected persons

may be cured.

Getting tested is the first step to knowing one's status, and is essential to improving health outcomes. Let us work together to encourage hepatitis awareness and testing efforts. Our efforts will reduce the number of individuals unaware of their status and improve the health of all Virginians living with viral hepatitis. Interested in learning more? Click here.

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Featuring Lenowisco Health District: Community Response Planning for Outbreaks of Hepatitis and HIV Among People Who Inject Drugs



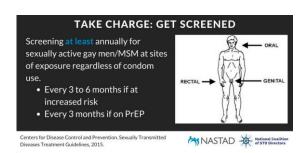
The National Association of County and City Health Officials recently released the "Community Response Planning for Outbreaks of Hepatitis and HIV Among People Who Inject Drugs: A Case Study from the Lenowisco Health District". The study outlines the process used

for developing the community response plan, key components of the plan, lessons learned during the process, and next steps for putting the plan into action. Read the full report here.

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Getting a Test for a Sexually Transmitted Disease (STD)? Cover Your Bases with Three-Site Testing

The Body: the Complete HIV/AIDS Resource recently published an article about three-site STD testing, which means testing the throat, genitals, and rectum for chlamydia and gonorrhea. Patients know better than anyone else what kind of sex



they are having. Taking a sexual history that asks questions about specific behaviors is an important step toward testing all sites that may be impacted by an STD. In fact, for gay and bisexual men, more than 70 percent of gonorrhea infections and more than 85 percent of chlamydia infections go undetected if three-site testing is not used. Three-site STD testing is an important strategy to stop transmission of chlamydia and gonorrhea. If you would like to learn more, read the full article here.

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The first case of gonorrhea resistant to the first line treatment regimen (azithromycin and ceftriaxone) has been identified in England. This is the first time a case has displayed such high-level resistance to both of these drugs and to most other commonly used antibiotics. CDC recommends dual therapy, or using two drugs, to treat gonorrhea – a single dose of 250mg of intramuscular ceftriaxone and 1g of oral azithromycin. Read the full article here.

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Podcast: The State of STDs from the Association of State and Territorial Health Officials (ASTHO)

Listen as STDs go multimedia! This podcast features VDH's **Jeff Stover** (Acting Deputy Commissioner /Operations Director for Population Health), the CDC's Dr. Gail Bolan, and Arkansas's Nathaniel Smith. STDs are at a record high in the United States, and while they can impact anyone, vulnerable groups—including young people, pregnant women, and men who have sex with men—are hardest hit. This episode discusses the resurgence and health impacts of STDs, proven prevention strategies, and the critical role of disease intervention specialists. <u>Listen here</u>.

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PERSONNEL

Welcome

SODA welcomes **Diana Prat** as the new Director of STD Surveillance, Operations and Data Administration (SODA). Ms. Prat comes to us from the Florida Department of Health where she has worked since 2001, most recently as the STD Program Manager for Area 8, overseeing STD/HIV/and Viral Hepatitis program staff and providing technical assistance to county health departments. She has



a Bachelor's of Psychology degree from Florida State University. She and her family have just moved to Richmond from Cape Coral, Florida.



SODA welcomes **Naja Arthur** to the Central Registry Unit data entry team. She will be working on entering chlamydia and gonorrhea reports. She is currently studying for her undergraduate degree in Criminal Justice from Virginia Commonwealth University.

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